



FORM

STATEMENT OF ORGANIZATION

PLEASE TYPE OR PRINT IN BLACK INK

CHECK FOR ADDRESS CHANGE

FOR OFFICE USE ONLY

RECEIVED

MAR **01** 2022

State Board of Elections Springfield Office

POLITICAL COMMITTEE **IDENTIFICATION #**

ruii name	and con	ibiere mailing	gadaress of	r Political	Committee:
					_

Doran For Mayor Chicago, IL 60657

3023 North Clark Street #278

CHECK HERE TO RECEIVE REPORT NOTIFICATIONS VIA E-MAIL ONLY E-MAIL ADDRESS: dj@djdoran.com SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE NEW COMMITTEE (MUST BE FILED WITHIN 10 DAYS OF CREATION, OR WITHIN 2 DAYS IF CREATED WITHIN 30 DAYS **BEFORE** AN ELECTION) AMENDMENT (MUST BE FILED WITHIN 10 DAYS OF ANY CHANGES. ENTER ONLY THOSE CHANGES FROM LAST D-1 ON FILE.) REACTIVATING

AMOUNT OF FUNDS AVAILABLE AS OF DATE COMMITTEE CREATED: 3/1/2022 2 **CREATION DATE: \$0.00** POLITICAL COMMITTEE DESIGNATION (ALL COMMITTEES CHOOSE ONLY ONE) CANDIDATE POLITICAL COMMITTEE* *For purposes of contribution limits and reporting requirements, a Candidate Political Committee supporting a candidate for multiple offices elected at different elections must designate an election cycle by listing the office currently sought. This office is: Mayor of Chicago POLITICAL ACTION COMMITTEE 4 POLITICAL PARTY COMMITTEE **BALLOT INITIATIVE COMMITTEE** INDEPENDENT EXPENDITURE COMMITTEE POLITICAL COMMITTEE'S AREA OF ACTIVITY, SCOPE, AND PARTY AFFILIATION A. THIS COMMITTEE WILL PRIMARILY OPERATE IN THE FOLLOWING COUNTIES OR DISTRICTS: (if operating statewide or supporting/opposing statewide candidates or ballot initiatives, leave blank.) 5 COOK B. POLITICAL PARTY AFFILIATION: Democrat C. NAME AND ADDRESS OF EACH SPONSORING ENTITY (if applicable): PURPOSE OF THE POLITICAL COMMITTEE To support my candidacy for Mayor of Chicago CANDIDATE(S) THE COMMITTEE IS SUPPORTING OR OPPOSING (IF AMENDING, LIST ALL AS OF TODAY'S DATE.)

IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS.

OPPOSE

OFFICE

Mayor of Chicago

SUPPORT

2023 North Clark Street #278

Doran for Mayor

Chicago, IL, 60657

NAME AND ADDRESS

PARTY

Democrat

COMMITTEE	NAME:	POLITICAL COMMITTEE ID #:					
8 REQUIR	ED COMMITTEE OFFICERS:	J [7]					
POSITION	NAME	ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS					
CHAIR	Dennis J. Doran	3023 North Clark Street #278 Chicago, IL 6067	757				
TREASURER	Jose D. Morales Jr.	3023 North Clark Street #278 Chicago, IL 60657					
9 POSITIO	9 POSITION, NAME AND ADDRESS OF EACH CUSTODIAN OF THE COMMITTEE'S ACCOUNTS (IF DIFFERENT THAN OFFICERS)						
POSITION NAME		ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS					
10 FINANCI	AL INSTITUTIONS AND OTHER REPOSITO	ORIES OF COMMITTEE FUNDS					
	NAME	ADDRESS AND PHONE NUMBER					
	Bank of America	3051 North Clark Street Chicago, IL 60657 (773) 244-7300					
TRANSFER TO A CHARITABLE ORGANIZATION: Center on Halstead IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL SHEETS VERIFICATION: BALLOT INITIATIVE COMMITTEE ONLY I DECLARE THAT THIS BALLOT INITIATIVE COMMITTEE IS FORMED FOR THE PURPOSE OF SUPPORTING OR OPPOSING A QUESTION OF PUBLIC POLICY. ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION. THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THIS BALLOT INITIATIVE COMMITTEE DOES NOT MAKE CONTRIBUTIONS OR EXPENDITURES IN SUPPORT OF OR OPPOSITION TO A CANDIDATE OR CANDIDATES FOR NOMINATION FOR ELECTION, OR RETENTION, AND FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THIS COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).							
PRINTED AN	E CHAIR DATE						
VERIFICATION: INDEPENDENT EXPENDITURE COMMITTEE ONLY I DECLARE THAT (i) THIS INDEPENDENT EXPENDITURE COMMITTEE IS FORMED FOR THE EXCLUSIVE PURPOSE OF MAKING INDEPENDENT EXPENDITURES, (ii) ALL CONTRIBUTIONS AND EXPENDITURES OF THE COMMITTEE WILL BE USED FOR THE PURPOSE DESCRIBED IN THIS STATEMENT OF ORGANIZATION, (iii) THE COMMITTEE MAY ACCEPT UNLIMITED CONTRIBUTIONS FROM ANY SOURCE, PROVIDED THAT THE INDEPENDENT EXPENDITURE COMMITTEE, OR POLITICAL ACTION COMMITTEE, AND (iv) FAILURE TO ABIDE BY THESE REQUIREMENTS SHALL DEEM THE COMMITTEE IN VIOLATION OF THIS ARTICLE (10 ILCS 5/9).							
PRINTED ANI	WRITTEN SIGNATURE OF COMMITTEE	CHAIR DATE					
VERIFICATION: ALL POLITICAL COMMITTEES I DECLARE THAT THIS STATEMENT OF ORGANIZATION (INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS) HAS BEEN EXAMINED BY ME AND, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF ORGANIZATION AS REQUIRED BY ARTICLE 9 OF THE ELECTION CODE. I UNDERSTAND THAT WILLFULLY FILING A FALSE OR INCOMPLETE STATEMENT OF ORGANIZATION IS SUBJECT TO A CIVIL PENALTY OF AT LEAST \$1,001 AND UP TO \$5,000. TOCKNOL J., DORAN.							
	D WRITTEN SIGNATURE OF TREASURER		22-				
THE ILLINOIS STATE E	OARD OF ELECTIONS REQUIRES THE DISCLOSURE OF INFORMA	TION THAT IS NECESSARY IF YOU QUALIFY AS A POLITICAL COMMITTLE AS OUTLINED UNDER PUBLIC A RIMATION REQUIRED BY THIS ARTICLE SHALL CONSTITUTE A BUSINESS OFFENSE SUBJECT TO A FINE OF	CT 78- UP TO				

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS 2329 S MacARTHUR BLVD SPRINGFIELD, IL 62704 4503

FAX: 217-782-5959 E-MAIL: D1@ELECTIONS.IL GOV (D-1s ONLY) STATE BOARD OF ELECTIONS 69 W WASHINGTON ST, STELL 08 CHICAGO, IL 60602-3026

FAX: 312-814-6485 E-MAIL: D1@EHCTIONS.II.GOV (D-1s ONLY)